## \*\*\* UNCLASSIFIED INFORMATION ONLY \*\*\* DATE ORG **GETS USER FORM** DD/MM/YY (1) NAME FIRST MIDDLE LAST **USER ORG PASSWORD** (MAX 25 CHARACTERS FOR PIN CARD) (3) STOCKPILE QTY. TITLE (5) (6) **ADDRESS** WORK LOCATION MAILSTOP CITY STATE ZIP CODE PHONE **NUMBERS** PRIMARY SECONDARY (10)**CELLULAR** (11) (12) AFTER HOURS PAGER PIN **POC NAME INTERNATIONAL CALLING** YES For OMNCS GETS Administrator Use Only Forward to: **GETS Administrator** OMNCS (N2) 701 S. Court House Road Tel (703) 607-6118 Arlington, VA 22204-2198 Fax (703) 607-4801

## **INSTRUCTIONS** (Print or type all entries)

- (1) The ORGANIZATION field is entered by the POC (e.g. DOD, GSA, FEMA, NY-EMA).
- (2) Your NAME as you want it to appear on PIN card.
- (3) Your SUB-ORGANIZATION (entry may be supplied by POC).
- (4) 4 to 9 character Alphanumeric Code of your choice to be your individual PASSWORD for verification (keep close hold).
- (5) Your TITLE or position, if appropriate.
- (6) The quantity of STOCKPILE PINs requested.

- (7) The ADDRESS at your work location.
- (8) Your PRIMARY work PHONE NUMBER where you can normally be reached.
- (9) If applicable, enter a SECONDARY PHONE NUMBER to call if you cannot be reached on the primary phone.
- (10) CELLULAR NUMBER if applicable.
- (11) AFTER HOURS phone number where you can be reached.
- (12) PAGER NUMBER if applicable (include PIN if anv).